



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/008,553-Conf. #6757
TOTAL AMOUNT OF PAYMENT (\$) 1,810.00		Filing Date	November 9, 2001
		First Named Inventor	Robert O. ABERG
		Examiner Name	J. A. Brier
		Art Unit	2628
		Attorney Docket No.	MWS-009RCE2

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
		Fee (\$)		Fee (\$)		Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims 8 - 24 = _____ x _____ = _____ **Fee Paid (\$)** _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 5 - 5 = _____ x _____ = _____ **Fee Paid (\$)** _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number) x _____ = _____	_____	_____

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...	790.00
1253 Extension for response within third month	1,020.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	35,470
Name (Print/Type)	Kevin J. Canning	Telephone	(617) 227-7400
		Date	June 22, 2007



Express Mail Label No. EV 956467080 US Dated: June 22, 2007

Docket No.: **MWS-009RCE2**
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Robert O. Aberg *et al.*

Application No.: 10/008,553

Confirmation No.: 6757

Filed: November 9, 2001

Art Unit: 2628

For: A SYSTEM AND METHOD FOR MERGING
ELECTRONIC DIAGRAMS

Examiner: J. A. Brier

REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER

MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

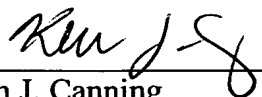
The Attorney Docket Number of the above-identified patent application has changed.
Please take notice that the Attorney Docket Number for this application should now be as follows:

MWS-009RCE2

Please reference **MWS-009RCE2** on all future correspondence.

Dated: June 22, 2007

Respectfully submitted,

By 
Kevin J. Canning
Registration No.: 35,470
LAHIVE & COCKFIELD, LLP
One Post Office Square
Boston, Massachusetts 02109-2127
(617) 227-7400
(617) 742-4214 (Fax)
Attorney/Agent For Applicant